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FAX MESSAGE**Send to:**

(1) Name: **Examiner Maria Guerreo**
Art Unit 2822

FAX Number: **703-305-0725**

Firm: **United States Patent and Trademark Office** Telephone Number: **703-305-0162**

From:

Name: Mary Jane Boswell

Floor: 4

Operator Sending:

Telephone Number: (202) 739-5646

Time Sent:

Date Sent: November 19, 2003

Number of Pages (INCLUDING COVER PAGE): ~~8~~ 12

Note:

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C m m e n t s : PLEASE HAND DELIVER TO EXAMINER MARIA GUERRERO

Re: U.S. Patent Application No. 10/062,716
 Attorney Docket No.: 041501-5477

Dear Examiner Guerrero:

Per our telephone conversation on November 10, 2003, please find enclosed a copy of the claims that are to be amended via an Examiner's Amendment.

With best regards.

Mary Jane Boswell
Mary Jane Bosw ll

I hereby certify that this Supplemental Amendment Transmittal Form and Supplemental Amendment attached hereto are being transmitted on this date by facsimile under 37 C.F.R. §1.8 to Examiner Guerrero of the U.S. Patent and Trademark Office at (703)305-0725.

11/19/03
Date

Mary Jane Boswell
Mary Jane Boswell
Reg. No. 33,652

PATENT
ATTORNEY DOCKET NO. 041501-5477

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Kil Ho KIM)	Confirmation No. 3108
)	
Application No.: 10/062,716)	Group Art Unit: 2822
)	
Filed: February 5, 2002)	Examiner: M. Guerrero
)	
For: METHOD FOR FORMING DUAL)	Mail Stop Non-Fee Amendment
DAMASCENE LINE STRUCTURE)	

Commissioner for Patents
U.S. Patent and Trademark Office
2011 South Clark Place
Customer Window, Mail Stop Non-Fee Amendment
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

SUPPLEMENTAL AMENDMENT TRANSMITTAL FORM

1. Transmitted herewith is a Supplemental Amendment further to the Amendment filed October 15, 2003.
2. Additional papers enclosed:
 - ☐ Drawings: ☐ Formal ☐ Informal
 - ☐ Request for Approval of Drawing Changes
 - ☐ Information Disclosure Statement
 - ☐ Form PTO-1449, 1 reference included
 - ☐ Citations
 - ☐ Declaration of Biological Deposit
 - ☐ Submission of "Sequence Listing", computer readable copy and/or amendment pertaining thereto for biotechnology invention containing nucleotide and/or amino acid sequence.

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3. Extension of Time

The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136(a) apply.

☒ Applicants believe that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicants have inadvertently overlooked the need for a petition and fee for extension of time.

☐ Applicants petition for an extension of time, the fees for which are set out in 37 CFR § 1.17(a), for the total number of months checked below:

<u>Total Months Requested</u>	<u>Fee for Extension</u>	<u>[Fee for Small Entity]</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 420.00	\$210.00
<input type="checkbox"/> three months	\$ 950.00	\$475.00
<input type="checkbox"/> four months	\$1,480.00	\$740.00

Extension of time fee due with this request: \$_____.

If an additional extension of time is required, please consider this a Petition therefor.

☐ An extension for __ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

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4. Constructive Petition

[X] **EXCEPT** for issue fees payable under 37 C.F.R. § 1.18, the Commissioner is hereby authorized by this paper to charge any additional fees during the entire pendency of this application including fees due under 37 C.F.R. §§ 1.16 and 1.17 which may be required, including any required extension of time fees, or credit any overpayment to Deposit Account 50-0310. This paragraph is intended to be a **CONSTRUCTIVE PETITION FOR EXTENSION OF TIME** in accordance with 37 C.F.R. § 1.136(a)(3).

5. Fee Calculation (37 C.F.R. §1.16)

CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	at Rate of	Total Fees
Total Claims (37 C.F.R. §1.16(c))	15	minus	20	0	x \$18 each=	+ \$ 0.00
Independent Claims (37C.F.R. §1.16(b))	2	minus	3	0	x \$86 each=	+ \$ 0.00
[] First presentation of Multiple dependent claim(s)					\$290.00	+ \$ 0.00
SUB-TOTAL =						\$ 0.00
Reduction by ½ for filing by a small entity						- \$ 0.00
TOTAL FEE =						\$ 0.00

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6. Fee Payment

- ☐ No fee is to be paid at this time.
- ☐ Check in the amount of \$ _____ (for a one-month extension of time) is enclosed. The Commissioner is hereby authorized to charge any additional extension of time fee or additional fee for claims due to Deposit Account No. 50-0310.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, including fees due under 37 CFR §§ 1.16 and 1.17, or credit any overpayment to Deposit Account 50-0310.

Respectfully submitted,

MORGAN, LEWIS & BOCKIUS LLP

By:



Mary Jane Boswell
Reg. No. 33,652

Dated: November 19, 2003

Customer Number 009629
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